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Bib Data Sheet

CONFIRMATION NO. 5857

SERIAL NUMBER 10/680,780	FILING DATE 10/06/2003  RULE	CLASS 359	GROUP ART UNIT 2872	ATTORNEY DOCKET NO. 495812005800
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/453,529 03/10/2003  
*O.K. LB*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none LB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 12/31/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>LB</i> Examiner's Signature Initials	STATE OR COUNTRY CO	SHEETS DRAWING 13	TOTAL CLAIMS <i>82/84</i>	INDEPENDENT CLAIMS <i>5/7</i>
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TITLE  
 Polytropic multiplex holography

FILING FEE  RECEIVED 1103	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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